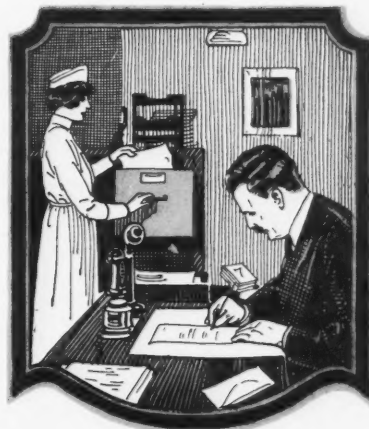


# THE Canadian Hospital

*A Monthly Journal for Hospital Executives*



Toronto, Can.

*The Edwards Publishing Company*

November, 1932

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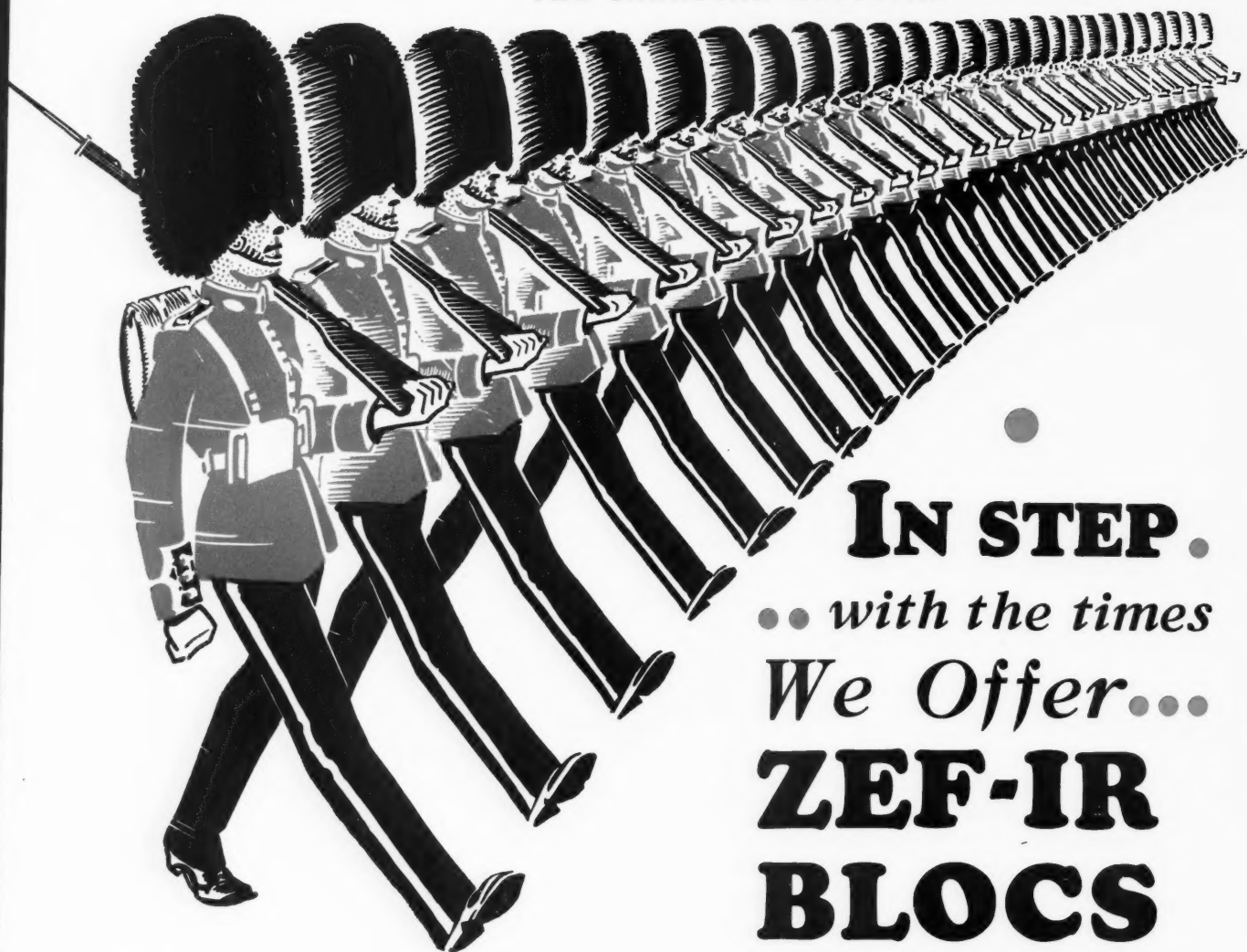
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# A study of the composition of bran and its relation to the average diet

**I**N the past, there has been a tendency to think of bran as being composed largely of indigestible fiber or "bulk." A glance at the table to the right shows that such "bulk" found in bran is less than 10 per cent of the bran content. A considerable amount of the carbohydrates and proteins are digestible. The mineral salts are also in available form.

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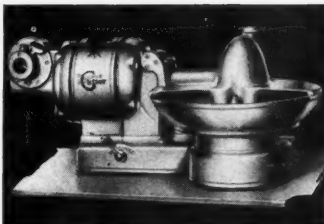
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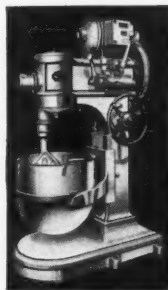
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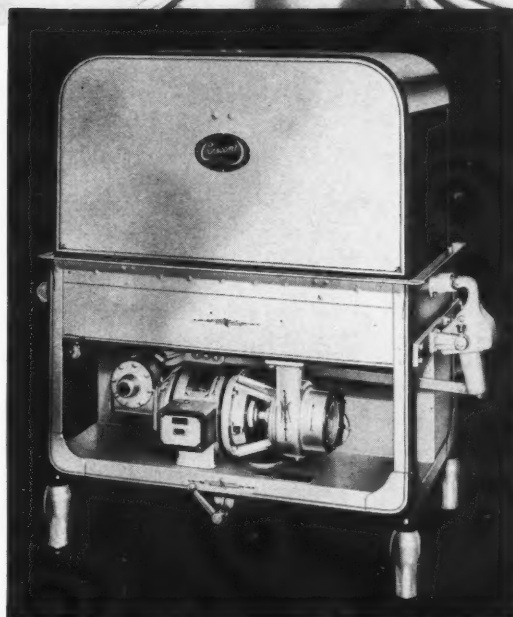
Model 6015 Bench-type Hobart Potato Peeler is shown at top, left. Immediately below, the Hobart Electric Ball Bearing Slicing Machine. At bottom, the new, low-priced Hobart Food Cutter. At the right, the M-80 Hobart Super-Mixer with bowl capacity up to 110 quarts.

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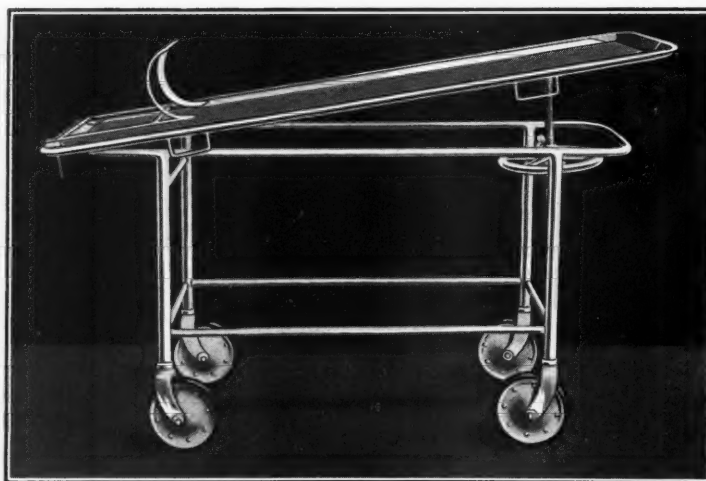
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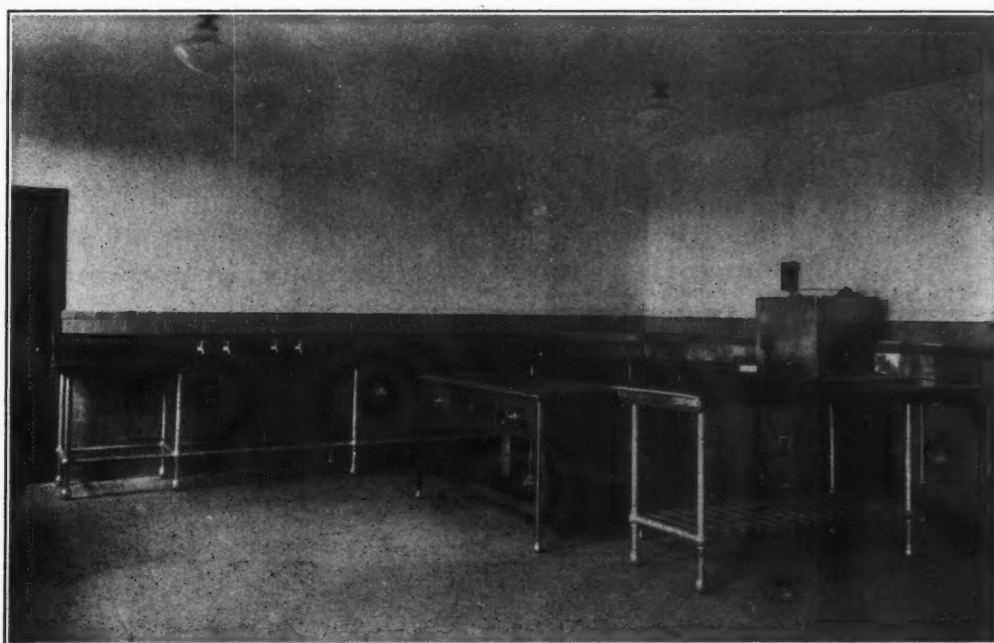
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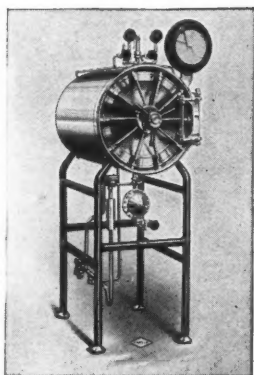
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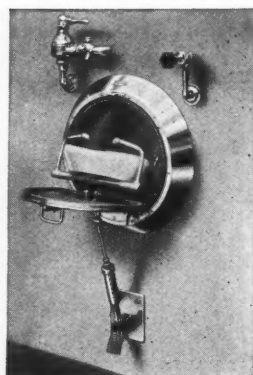
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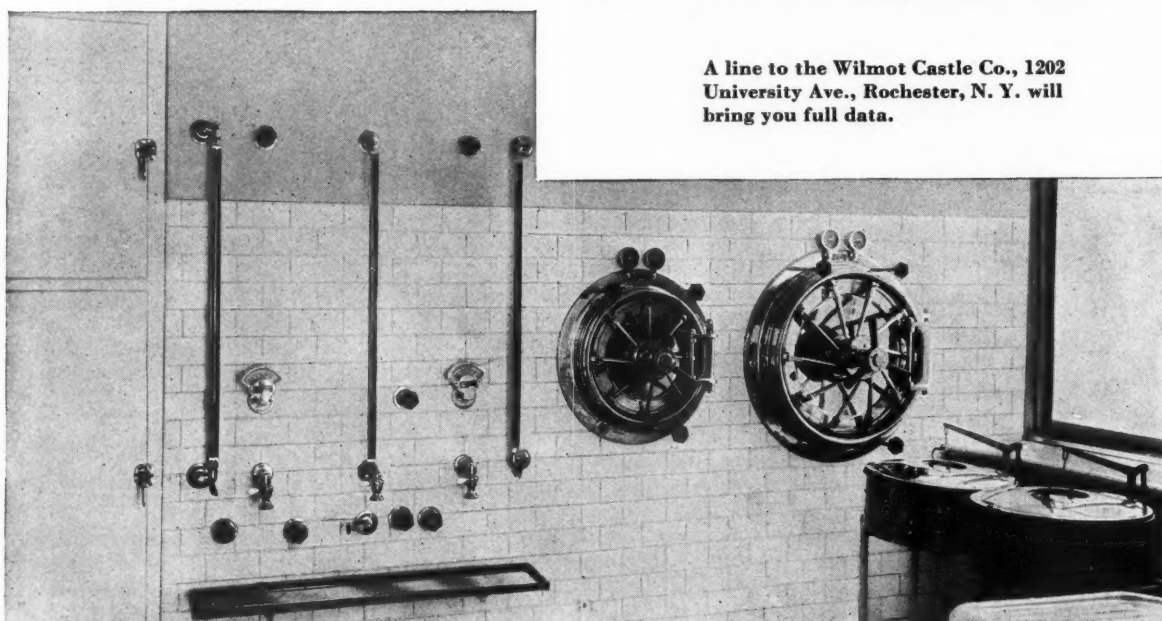
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NOVEMBER, 1932

No. 11

## *Bed Occupancy and Hospital Earnings*

THE report of the Committee on Bed Occupancy of Hospitals, of the American Hospital Association, under the chairmanship of Dr. Rufus Rorem, formed the basis for the discussion on the subject of ways and means of increasing bed occupancy and hospital earnings.

This report is most interesting and enlightening. Examples of how lowered occupancy has affected the patient day costs are stressed. For instance, a 300-bed hospital faced increased per capita costs of from \$5.25 to \$6.40 despite extensive economies in the purchase of supplies, reduction in total personnel and salary scale, closing of several floors and the discontinuance of allowance to student nurses, when the occupancy dropped from 80 per cent. to 50 per cent. in 1931. This serves to show that the problem of hospital finance is not so much one of decreasing costs as it is of increasing revenue.

It has been shown that a hospital can increase its amount of service as much as 50 or 60 per cent. and not increase costs more than 10 or 15 per cent.

The committee report has this to say:

"New endowment funds are well nigh unobtainable at present; voluntary contributions are decreasing in amount and regularity. Consequently hospitals have gone direct to the general public by two procedures: First, the procurement of tax funds for services to non-paying patients; second, the procurement of fixed and equal periodic payments from groups of potential patients for services to those of their number who need to be hospitalized. The first method has been approved by both hospital and local governments; for the payments of tax funds to private hospitals have in many cases avoided the necessity of constructing more county or city hospitals as well as provided

the private institutions with a minimum revenue for services to non-paying members of the public.

"The second method—hospital insurance—has likewise been of financial advantage to the community and the hospital. The plan has made it possible for patients of limited means to budget their needs for hospital care at rates from \$6 to \$9 per person per year. It has also enabled the hospitals serving such groups to receive stable and increased total income from patients who might as individuals be objects of medical charity. One hospital which has used a hospital insurance plan for two years maintained an average occupancy of 80 per cent. in 1931 and 1932, and did so without drawing 'paying' patients from other institutions. Hospital service, being part of a high cost and usually unpredictable need for medical care, often is required by persons who cannot pay the costs at or near the time of the service. The principle of insurance is particularly applicable to hospital costs, which are uneven in their financial burden upon the public.

"The voluntary hospital system is facing a genuine financial crisis. These institutions contain a large number of well equipped beds, fully trained and highly skilled staffs, and large amounts of scientific apparatus and equipment designed to provide adequate diagnosis and treatment. The problem before the individual hospital and the public is to make available to a large number of people the professional skill and knowledge which these hospitals are able to provide. The success with which this problem is analyzed and solved in the near future will influence to a considerable extent the scope and nature of hospital activities within the next decade."



## *The Real Objective of the Modern Hospital*

"THE modern hospital must be prepared to render service to all classes of the community; the well-to-do, the people of moderate means, and the poor. . . . Is the hospital of the future to remain merely an institution for the reception and treatment of those who are ill and who come to the hospital because of their inability to employ private physicians or because for one reason or another the private physician decides early or late that the case is in need of hospital treatment; or is the hospital of the future to be the point of activity of a medical centre whose function will be to serve all of the medical needs of the community or of a given area of population within the larger cities? . . . The organization of an institution as a part of a medical centre would probably include not only such services as the hospital is now prepared to furnish, but would of necessity provide that all members of the staff should be paid for the service which they render and that the staff should be complete in its personnel, including physicians, surgeons, specialists, bedside nurses, public health nurses, and social workers. It would not only be prepared to provide medical service to those entering the hospital for treatment and to those coming to the out-patient department for diagnosis and treatment, but would be prepared to send physicians and nurses into the homes to render the service which is now rendered through the out-side practicing physicians. In addition it would also provide pharmacy, dental and



### Executive Officers of Canadian Hospital Associations

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#### Saskatchewan Hospital Association.

President, Mr. Leonard Shaw, Moose Jaw General Hospital, Moose Jaw.  
Sec.-Treas., G. E. Patterson, Regina.

laboratory service; in fact, all services necessary to the treatment of illness in any form. It would do more, because in order to work intelligently the work of the centre should be concerned quite as much with the prevention of disease as well as with the cure of the disease. This centre, of which the hospital is the hub or headquarters, would also provide experts of various types in order that prevention might receive the same proportionate care as the cure."

Dr. Winford H. Smith, a member of the Committee on the Costs of Medical Care, in making the above observations before the convention of the American Hospital Association at Detroit, stated that this view of the ultimate development of the hospital is held by many, and he offered it for thoughtful consideration as a probability of the future.

### Sanatoria Facilities and Death Rate by Provinces

AN interesting table has been compiled by the Canadian Tuberculosis Association, showing the death rate from tuberculosis in each province and the Dominion, per hundred thousand population, the number of beds available for tuberculosis treatment per hundred thousand population and the number of beds per death. An extract from this table shows:

	Death rate per 100,000 population	Beds per 100,000 population	Beds per death
P. E. I. ....	73.3	56.8	.73
Nova Scotia .....	92.2	75.2	.75
New Brunswick .....	83.1	102.6	1.23
Quebec .....	110.6	65.4	.59
Ontario .....	50.4	89.2	1.76
Manitoba .....	61.3	98.2	1.60
Saskatchewan .....	36.3	91.5	2.51
Alberta .....	51.9	31.4	.60
B. C. ....	95	73.3	.77
Canada .....	73.6	77.8	1.05

Saskatchewan, it will be noted, ranks first in low death rate per hundred thousand population, third in beds per hundred thousand population and first in largest number of beds per death. Ontario is second in low death rate, fourth in beds per hundred thousand population and second in beds per death. Manitoba is third in low death rate, second in beds per hundred thousand population and third in beds per death. New Brunswick leads all provinces in beds per hundred thousand population.

Ontario has greatly improved her position in recent months in regard to number of sanatoria beds, and as pointed out in another article in this issue, there will be made available in Ontario by the end of the year six hundred additional beds.

### Survey of Teaching of Surgery

A complete survey of the teaching of surgery in Canadian and American medical schools, the result of which will serve as a guide to all medical schools in North America is now being conducted by the American College of Surgeons. Dr. A. R. Munro, professor of surgery of the University of Alberta, is a member of the survey committee.



## Another Tariff Problem Affecting Our Hospitals



ACCORDING to press reports the proposed British Preferential Tariff will create a 10 per cent tariff on all those articles of hospital equipment imported under tariff item 476, unless imported through the British Empire. Item 476 reads as follows:—

Surgical and dental instruments of any material; surgical needles; X-ray apparatus; surgical operating tables for use in hospitals; microscopes valued at not less than \$50 each by retail; and complete parts of all the foregoing.

In view of the fact that it is not practicable at the present time to buy certain British-made equipment, due particularly to lack of servicing facilities, we interviewed Dr. Harvey Agnew, secretary of the Canadian Hospital Council, who has made a careful study of tariff regulations affecting the hospitals. Dr. Agnew stated that: "This matter is of particular concern to the hospitals of Canada, as nearly all of the X-ray equipment used in this country is imported from the United States, with some equipment coming from France, and some, particularly dental X-ray apparatus, from Germany. In purchasing X-ray equipment the factor of almost paramount importance is that of service, and several well known makes of American manufacture have been favoured because of the excellent service arrangements maintained by these companies in various parts of Canada. Because of the lack of service arrangements for other equipment and the likelihood that some time will elapse before sufficient British installations will have been made to permit British houses to finance an adequate service network, hospitals will be compelled to continue to purchase American equipment and pay the duty, which in the case of large installations, will run up to a thousand dollars or more.

"The free importation of surgical instruments has been recognized by both parties in Canada, who have followed the principle that as little handicap as possible should be offered to provide the people of Canada with the equipment essential to preserving the health of the individual. As

in the case of X-ray equipment, the market in Canada is not sufficiently large to warrant our manufacturers undertaking the difficult and costly manufacture of surgical instruments, and the former regulations that importation was limited to instruments of steel only was modified a few years ago to include surgical and dental instruments of any material. There is no question but that surgical instruments of the highest quality can be imported from Great Britain and in this instance the service and power factor, of concern in the X-ray importations, is not a factor, but many hospital workers feel that the principle of giving as much assistance as possible to the sick is at jeopardy in the introduction of any duty whatsoever on surgical equipment, and feel that the present time, when hospitals are so hard pressed for finances, and when the cost of sickness to the public should be lowered rather than raised, is not an opportune time to make this change.

"The viewpoint has been expressed by some hospital workers that in the necessary give and take which must accompany the establishment of an Empire Preference Schedule, the hospitals should bear a portion of this adjustment. Were the hospitals operated for private gain such viewpoint would be quite tenable, and it is not the wish of the hospitals to embarrass the Government in any way in its effort to improve financial conditions in this country and in the Empire, but inasmuch as any additional financial burden placed upon the hospital must fall in the final analysis upon the public, at a time when such sick individuals can least afford to carry the additional burden, it is our hope that the government can make arrangements with the other parts of the Empire to leave the items affecting hospital equipment in *statu quo*."

The Canadian Hospital Council has taken up this question with Ottawa, and it is to be hoped that some adjustment may be arranged which will obviate the necessity of placing this extra expense on our already heavily burdened hospitals.

## The Support of Hospitals is an Obligation of All

From the Presidential Address of  
PAUL H. FESLER,  
President, American Hospital Association.

**I**T has been the desire of the board and officers of the American Hospital Association to aid all hospitals in planning programmes for the welfare of the people they are called upon to serve. We have endeavoured to co-operate with the medical profession and allied groups in all efforts to bring scientific medical care within the reach of all classes.

In order to determine how best to serve the people through hospitals, three meetings have been held with the presidents and secretaries of State and district hospital associations—one in Toronto and one in Chicago. The third meeting of this group was held here today. In addition, the president or secretary has attended most of the meetings of these local associations.

We who direct hospitals must remember that while it is important to balance the budget, it is vastly more important that we do not sacrifice the ideals that ensure scientific and humane care for our patients. This assurance can be given only by the use of trained physicians, aided by trained nurses, dietitians, social workers and technicians, and with the help of modern diagnostic equipment. To sacrifice any of these would not be economy.

During this past year we have been in close contact with allied groups. Representatives of the association have

taken part in many conferences affecting hospitals and medical practice.

Representatives have appeared on programmes of the nursing associations, the hospital conference of the American College of Surgeons, the American College of Physicians and the American Medical Association. We have had representatives on special committees on unemployment and relief, and have been requested to participate in the conference to be held in Washington this week to co-ordinate the work of relief organizations.

While the American Hospital Association is effective in forming policies and dealing with matters of national importance, the State or Provincial hospital associations are much more effective in dealing with local conditions affecting our hospitals. They should all be geographic sections of the American Hospital Association. In addition to their committees having to do with local matters, there should be committees created to work with the committees of the American Hospital Association in matters affecting other States. Most hospital legislation comes from State legislation, so it is important that each State association be kept intact, but for the purpose of meetings, several States meeting together as a district group are

*(Continued on page 15)*



N. W. FAXON, M.D.,  
President Elect, American Hospital  
Association, Director Strong Memorial  
Hospital, Rochester, N.Y.

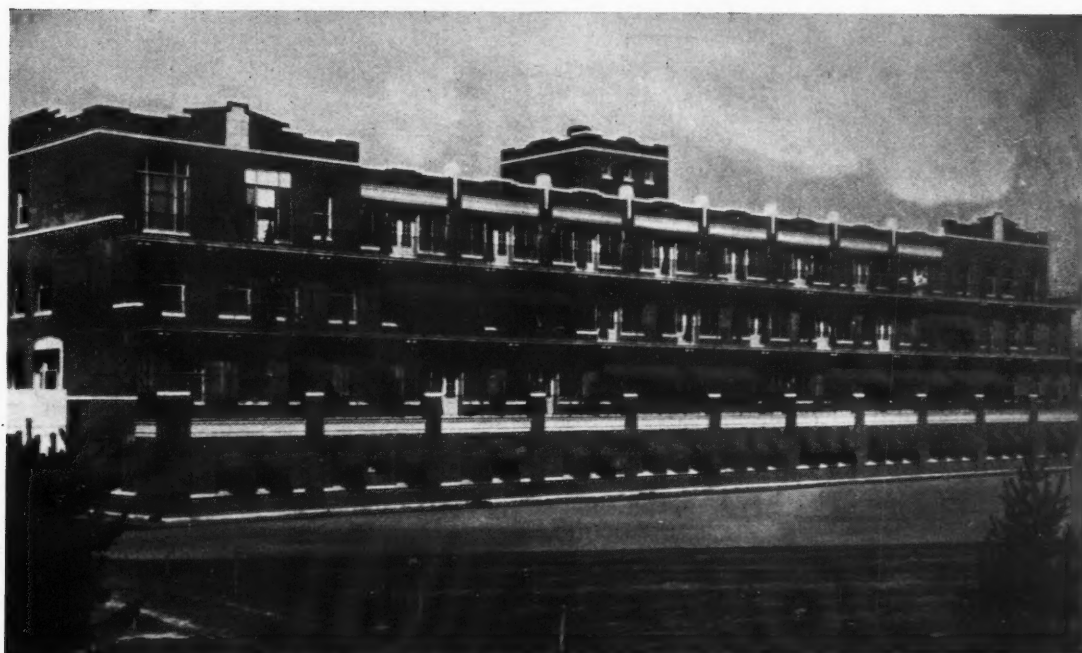


DR. GEORGE F. STEPHENS,  
Winnipeg General Hospital, President  
the American Hospital Association.



PAUL H. FESLER,  
Retiring President of the American  
Hospital Association.

## The Mountain Sanatorium at Hamilton Has New 150 Bed Pavilion



*The verandahs of the Evel Pavilion are terraced, allowing the maximum of sunlight and air.*

THE Mountain Sanatorium at Hamilton, Ontario, established in 1906 by the Hamilton Health Association, and now a provincial institution, recently completed a new pavilion which will add greatly to its facilities in the treatment of pulmonary tuberculosis. Their splendid Nurses' Residence was also completed a short time ago. These events have more than usual significance this year, for they mark the completion of 25 years' service to the Sanatorium on the part of Dr. J. H. Holbrook, who is its Medical Superintendent.

The new building is called the Evel Pavilion as a tribute to Mr. J. J. Evel, President of the Hamilton Health Association for the past 15 years. It is larger than the Southam Pavilion, and will accommodate 150 patients. It is four storeys in height, of red and buff brick. Soft green tile gives a very pleasing appearance to the corridors. The floors are of terrazzo. The first floor accommodates the administrative offices, staff room and medical library, examination rooms, X-Ray Department, which comprises General X-Ray room, Fluoroscopic room, Bronchoscopic and Cystoscopic room, Developing and Film reading room, dental clinic, vocational workrooms, library, switchboard, lecture room and record room. The second and third floors are used for patients, most of whom are accommodated in four-bed wards.

A radio outlet is located at the head of each bed. The programmes are controlled from the administrative office, although patients are invited to give their preferences from time to time. On the third and fourth floors are located visitors' sitting rooms, one very attractively done in a green and yellow color scheme, the other with tan, rust and yellow predominating. Here also are located examining rooms, treatment rooms, lockers, lavatories and

diet kitchens. The kitchens are very complete and modern in every particular. The fourth floor houses large and small operating rooms and has a number of wards besides. The newest equipment available is used in the operating rooms, including electrically heated sterilizers. Verandas run the full length of the south-east side of the building on three floors, and are terraced or set back the width of the veranda on each floor.

All interior openings are equipped with hollow metal doors and frames. Small rubber bumpers are fitted to the frames, which take up the jar of the closing door and eliminate this noise very appreciably. An automatic elevator, with a very attractive interior of red and green panels, serves all floors.

The Nurses' Residence offers every facility and comfort to the nurses who devote so much of their time ministering to the needs of their patients. The building of three storeys and basement is a splendid example of the modern residence for nurses. On the ground floor are attractively furnished lounge, sitting room and sun room, as well as the head nurse's quarters. In the basement, a badminton court and gymnasium will add much to the pleasure and recreation of the nurses. Here also are social and tea rooms. The Residence faces the Evel Pavilion, a considerable distance to the east, and conforms architecturally to the newer buildings of the Sanatorium group.

In the development of the plans for the surgical section much assistance was given by the late Dr. F. B. Mowbray.

The Mountain Sanatorium occupies a unique position in the hearts of Hamilton citizens, several hundred of whom have packed the banquet hall of the Royal Connaught Hotel every year since 1915, on the occasion of



## The Mountain Sanatorium, Hamilton

*(Continued from preceding page)*

the Annual Meeting, at which are presented and discussed reports on health matters pertaining to the Sanatorium. This public interest is the result of the close personal contact which the members of the Board maintain with Hamilton's leading citizens. The Mountain Sanatorium Board functions as an educational factor, teaching the community the value of the hospital to the district, a function which every hospital and sanatorium board might well perform.

Commenting on this function, Dr. Holbrook remarks that "the great need to-day is for laymen to understand the value of sanatoria and hospitals, and to develop a consciousness in the community of their importance and of the necessity of the community's financial support."

Special equipment installed by the following firms:

Over-bed tables and side tables, by Metal Craft Co., Limited, Grimsby, Ont.

Furniture for nurses' rooms of "Stickley" design, by North American Furniture Co., Limited, Owen Sound, Ont.

Kitchen equipment by Wrought Iron Range Co., Limited, Toronto.

Hollow metal doors and frames by Otis-Fenson Elevator Co., Limited, Hamilton.

Mattresses by Marshall Ventilated Mattress Co., Limited, Toronto, and Arrow Bedding Co., Toronto.

### Radium to Be Produced in Canada

Chemists in the metallurgical laboratories at Ottawa have succeeded in discovering a distinctive formula for the reduction of pitchblende ores from which radium is obtained. The process, it is anticipated, will permit of the production of radium in commercial quantities. Hitherto the supplies of radium used in the laboratories of the world have been obtained from the Belgian Congo, which apparently controls one of the most stringent monopolies in existence. The price of radium has been almost prohibitive, costing about \$70,000 a gram. It is expected that a very substantial reduction in cost will result from Canadian production of this priceless commodity.

### To Study Health of McGill Students

For purposes of tuberculosis examination, 500 first-year students at McGill University will be X-Rayed by the department of physical education during the next few weeks. McGill is the first Canadian university to carry out an experiment of this kind.

The addition of X-Ray apparatus to the facilities already available in the department of physical education at McGill is made possible through the co-operation of the university with the Quebec industrial hygiene committee and with the financial support of one of the McGill governors who preferred to remain unidentified.

The X-Ray photographs will be carefully studied and filed away in order that a complete history of the health of these 500 students may be kept all through their university course. In this way it will be possible to determine how the "white plague" attacks students and what percentage is affected.



*The Nurses' Residence, Mountain Sanatorium, provides every home comfort and many recreational conveniences.*



*Two visitors' sitting rooms, such as the one shown above, are very attractively furnished.*



*The main operating room is a model in layout and equipment.*



## The Support of Hospitals is an Obligation of All

(Continued from page 12)

better able to attract talent. I recommend that the United States and Canada be divided into a number of districts and that one vice-president be elected from each district. This would bring the field in more direct contact with the national association. The vice-presidents would be able to advise boards, superintendents, building committees and communities in matters pertaining to their hospitals.

When these States and districts are properly organized we should have a house of delegates duly elected and with authority, to form the policies of the American Hospital Association. Our meetings of State association presidents have shown the possibilities of such a group.

The association is called upon to serve the entire hospital field—not only in the United States and Canada. Inquiries come from all parts of the world, and information is furnished promptly from the association's library and service bureau.

The library and service bureau becomes more and more useful. The members of the association should help increase its usefulness by supplying books, pamphlets and plans, making this material available to the entire field. The service of the bureau has not been curtailed in any sense, and will be of increasing value to hospitals and those interested in hospitals.

We must recognize that these last few months have been extremely trying, that normal support for voluntary hospitals on the one hand and tax support for municipal hospitals on the other have been greatly curtailed and that adequate service to the patient is in jeopardy unless we agree upon a programme whereby the entire public, and particularly the philanthropically-minded public, can be educated to an appreciation of the worth of the hospital to the community.

Every effort must be put forward to see that the sick and injured shall not want for the best of hospital care. This is an emergency and we must meet it in the same spirit that hospitals have met other emergencies, since the first institution was founded. The people on this continent must be taught that the hospital is an integral part of the community, that their health, happiness and prosperity depend to a large degree upon the efficiency of all institutions, and they must be taught that support of institutions is an obligation of every person within the borders of the city.

### Ontario Neuro-Psychiatric Association Meeting

The fall meeting of the Ontario Neuro-Psychiatric Association for the year 1932 was held at the Ontario Hospital, London, on Wednesday, September 28th. The President and Director of Hospital Services for the Province of Ontario, Doctor B. T. McGhie, presided. Doctor Vrooman, superintendent of the Ontario Hospital, London, welcomed the guests. Papers were read by Doctor McGhie, Doctor Wicks, Doctor McClenahan, and Doctor McGeoch. At the Association dinner which followed, the Honourable Doctor J. M. Robb, Minister of Health, was the guest speaker.

YOU WON'T BUY WATERED MILK

## DON'T BUY Watered Disinfectants

There are two classes of "watery" disinfectants whose claim of price economy is as false as their promise of germicidal efficiency.

"Lysol" Substitutes . . . Made to look and smell like "Lysol" . . . Some contain a full quart of water to the gallon . . . They may average 100% more water than "Lysol" . . . But "Lysol" averages 20% more germ-killing, active ingredient.

Chlorine Compounds . . . These preparations lose 95%, and more, of their potency in the presence of organic matter . . . But "Lysol" retains practically its full germ-killing power under identical conditions.

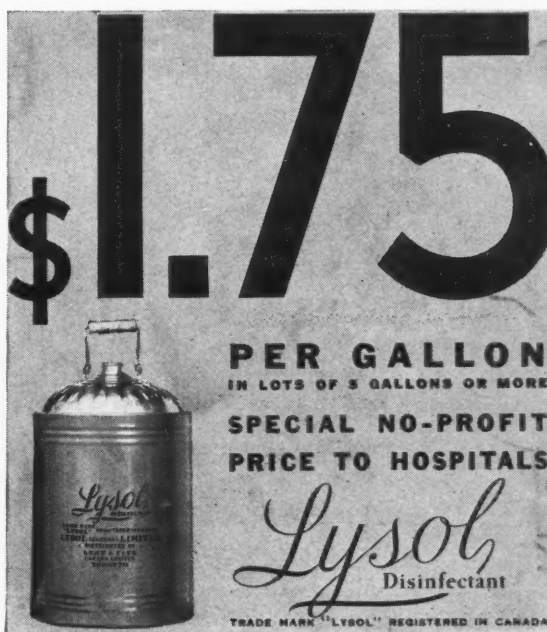
Both of the foregoing statements are backed by experimental evidence which we shall be glad to send you on request.

Lysol (Canada) Limited, 9 Davies Ave., Toronto 8, Canada

5

### POINTS OF SUPERIORITY

1. *Germicidal efficiency* . . . Positive penetrating bacterial potency even in the presence of organic matter.
2. *Absolute uniformity* . . . Constant laboratory control guarantees uniform germicidal action.
3. *Pure, neutral, safe* . . . Elimination of free alkali and other impurities assures neutral, non-irritating solutions . . . Completely soluble.
4. *Wide application* . . . Meets every disinfection problem (personal or otherwise) . . . Serves many needs in ward, private room, operating room, kitchen, laundry and laboratory.
5. *Recognized leadership* . . . For more than 40 years "Lysol" disinfectant has enjoyed the complete confidence and endorsement of the medical profession the world over.



**\$1.75**

**PER GALLON**  
IN LOTS OF 5 GALLONS OR MORE

**SPECIAL NO-PROFIT  
PRICE TO HOSPITALS**

*Lysol*  
Disinfectant

TRADE MARK "LYSOL" REGISTERED IN CANADA

Please refer to THE CANADIAN HOSPITAL when writing

## Toronto Hospital for Consumptives Provides Facilities for Surgical Treatment

**F**OR some years it has been known that there are not sufficient beds in Ontario Sanatoria to provide for the patients making application for admittance. This is just the reverse of what should be the case. It would be much better to have beds waiting for patients than to have patients waiting for beds. The extent of the shortage of beds has been estimated to be as great as 1,500. In any case it is known that at certain periods there have been as many as 400 applicants on waiting lists.

Building operations, however, have been in progress in several sections of the Province during the past few months, so that by the end of the year there will be at least 600 additional beds available. These are being provided by some of the existing sanatoria, viz.—150 at London, 150 at Hamilton, 40 at Kitchener, 70 at Ottawa, 100 at Gravenhurst, and 100 at Weston.

At the last named institution where there are already 465 beds, a portion of the additional beds—to the number of 50—will be set aside for surgical cases of tuberculosis. These are cases in which the disease shows itself most actively in bones, joints, glands, or kidneys. Such cases have not heretofore had any special provision made for them. Cases have, of course, been treated, but they have not been recognized as a type of case for which special accommodation with special appliances and equipment

should be set aside. Experience has shown that such cases require long periods of recumbency, fresh air, and sunshine as well as nourishing food, and that from time to time surgical interference or the use of some special splint or appliance may also be indicated. It is believed from results already attained in treating such cases that they should do well in a sanatorium where the necessary special equipment has been provided.

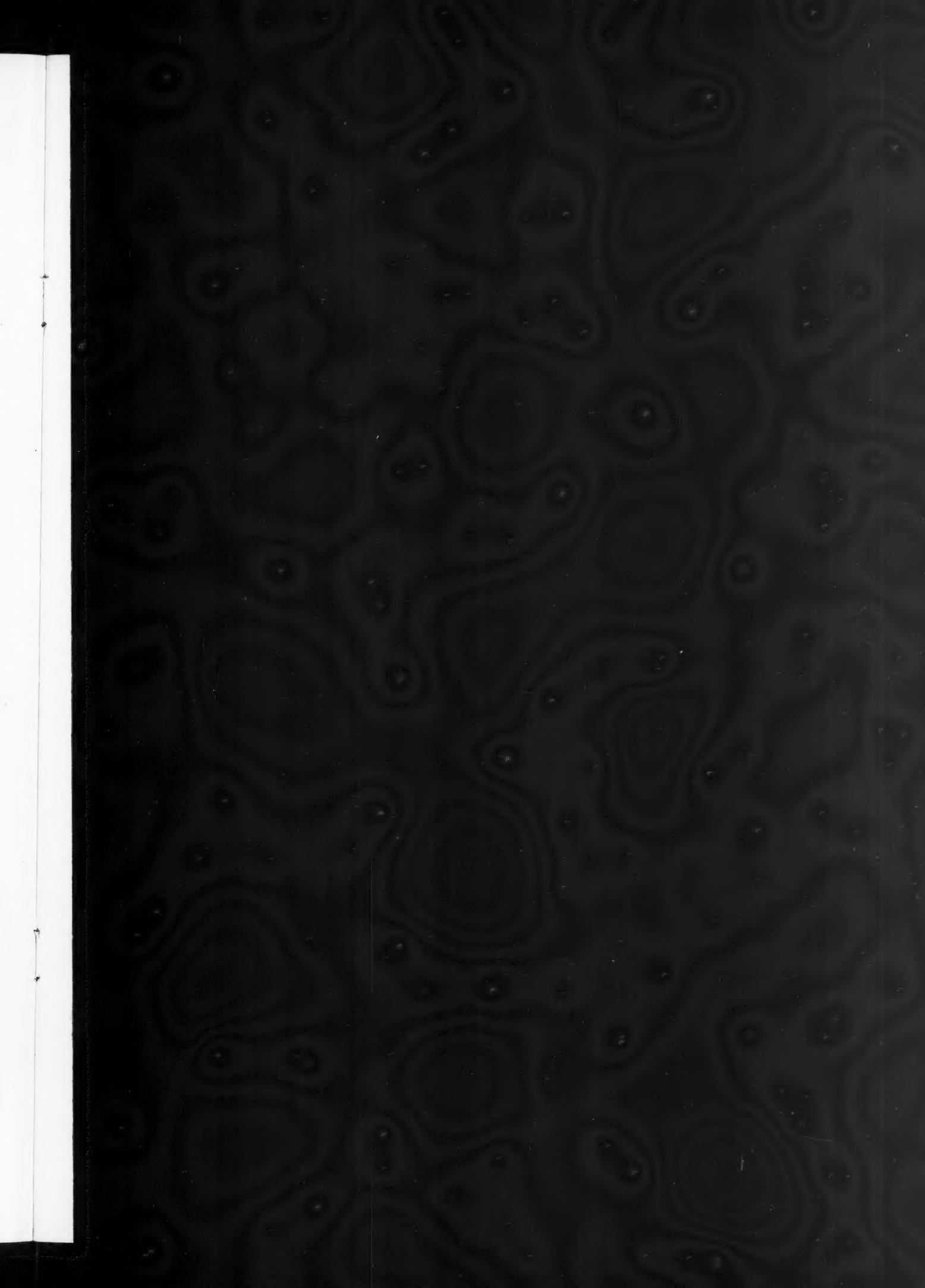
The erection of the new building at Weston was prompted by the need for additional beds for pulmonary cases and by the special need for facilities for the care of so-called surgical cases of tuberculosis. It is modern in type and the surgical division is as complete as it is possible to make it.

From A. E. Ames, President of the National Sanatorium Association, it has been learned that the construction of this building has been made possible through funds provided by the City of Toronto, the Province of Ontario and the Dominion of Canada, in addition to a substantial amount for which the trustees have had to dip into the Association's own treasury. The trustees have a deep appreciation of the helpful attitude in regard to this construction work of His Worship, Mayor Stewart, Dr. Jackson, the City Officer of Health, Hon. Dr. Robb, Min-

*(Continued on page 21)*

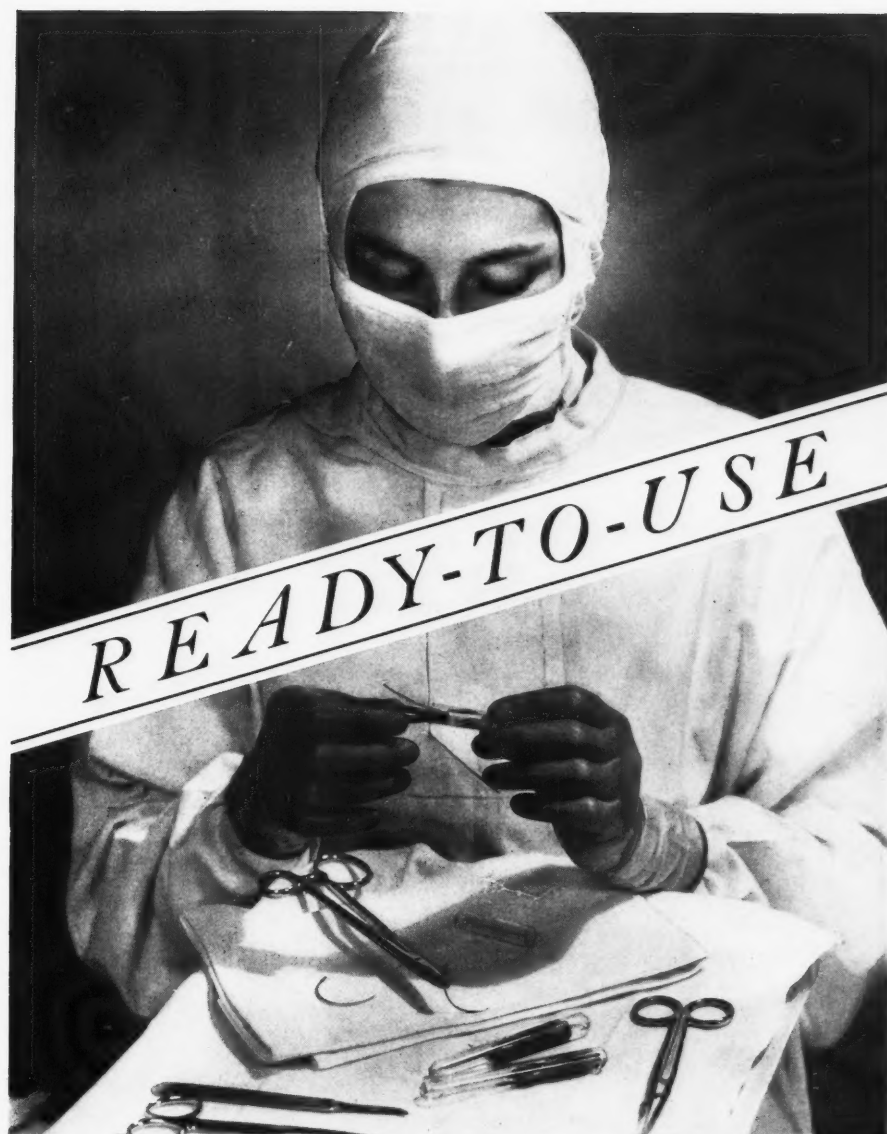


*The erection of this new 100-bed wing was prompted by the need for additional beds for pulmonary cases, and by the special need for facilities for the care of patients requiring surgical treatment.*









NON-BOILABLE D & G Kalmerid Sutures are ready for immediate use as they come from the tubes. Their extreme flexibility makes moistening or special preparation unnecessary. Both the Non-Boilable and Boilable varieties are strong, smooth, accurate in size, and physiologically bland. *They are heat sterilized.*

DAVIS & GECK, INC. • 217 DUFFIELD ST. • BROOKLYN, N.Y.

## Kalmerid Catgut

EMBODIES all the essentials of the perfect suture. Being impregnated with the double iodine compound, potassium-mercuric-iodide, it exerts a bactericidal action in the suture tract and supersedes the older unstable iodized catgut. Prepared in two varieties—Non-Boilable for those desiring the maximum of suture flexibility, and Boilable for those preferring to sterilize the exterior of tubes by boiling or autoclaving. Both varieties are heat sterilized.

### NON-BOILABLE VARIETY

NO.	SUTURE LENGTH
1405..PLAIN CATGUT.....	approx. 5'
1425..10-DAY CHROMIC.....	" 5'
1445..20-DAY CHROMIC.....	" 5'
1485..40-DAY CHROMIC.....	" 5'

### BOILABLE VARIETY

1205..PLAIN CATGUT.....	approx. 5'
1225..10-DAY CHROMIC.....	" 5'
1245..20-DAY CHROMIC.....	" 5'
1285..40-DAY CHROMIC.....	" 5'

Sizes: 000 . 00 . 0 . 1 . 2 . 3 . 4

also 4-0 in non-boilable variety

Package of 12 tubes of a kind . . . . \$3.00

## Kal-dermic Skin Sutures

ANON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is uniform in size, non-irritating, and of distinctive blue color. Boilable.

NO.	SUTURE LENGTH	DOZEN
550..WITHOUT NEEDLE.....	120"	\$3.00
954..WITH 1/2-CURVED NEEDLE...	20"	2.40

Sizes: 000      00      0  
(FINE)      (MEDIUM)      (COARSE)

852..WITHOUT NEEDLE.....	40"	1.50
--------------------------	-----	------

Sizes: 6-0 . 4-0 . 000 . 00 . 0

In packages of 12 tubes of a kind and size

## Kal-dermic Tension Sutures

IDENTICAL in all respects to Kal-dermic skin sutures but larger in size.

NO.	SUTURE LENGTH	DOZEN
555..WITHOUT NEEDLE.....	60"	\$3.00

Sizes: 1      2      3  
(FINE)      (MEDIUM)      (COARSE)

In packages of 12 tubes of a kind and size

## Intestinal Sutures

KALMERID plain or chromic catgut with Atraumatic needles integrally affixed. For gastro-intestinal work and membranes where minimized trauma is desirable.

EXCEPTIONAL STRENGTH HERE

### NON-BOILABLE VARIETY

#### Plain Catgut:

NO.	SUTURE LENGTH	DOZEN
1501..STRAIGHT NEEDLE.....	28"	\$3.00
1503..3/8-CIRCLE NEEDLE.....	28"	3.60
1504..SMALL 1/2-CIRCLE NEEDLE*	28"	3.60
1505..1/2-CIRCLE NEEDLE.....	28"	3.60

#### 20-Day Chromic:

1541..STRAIGHT NEEDLE.....	28"	\$3.00
1542..TWO STRAIGHT NEEDLES...	36"	3.60
1543..3/8-CIRCLE NEEDLE.....	28"	3.60
1544..SMALL 1/2-CIRCLE NEEDLE*	28"	3.60
1545..1/2-CIRCLE NEEDLE.....	28"	3.60

### BOILABLE VARIETY

#### Plain Catgut:

1301..STRAIGHT NEEDLE.....	28"	\$3.00
1303..3/8-CIRCLE NEEDLE.....	28"	3.60
1304..SMALL 1/2-CIRCLE NEEDLE*	28"	3.60
1305..1/2-CIRCLE NEEDLE.....	28"	3.60

#### 20-Day Chromic:

1341..STRAIGHT NEEDLE.....	28"	\$3.00
1342..TWO STRAIGHT NEEDLES...	36"	3.60
1343..3/8-CIRCLE NEEDLE.....	28"	3.60
1344..SMALL 1/2-CIRCLE NEEDLE*	28"	3.60
1345..1/2-CIRCLE NEEDLE.....	28"	3.60

Sizes: 00 . 0 . 1, except \*00 . 0 only

In packages of 12 tubes of a kind and size

## Circumcision Sutures

KALMERID plain catgut threaded on a small, full-curved eyed needle, or with an Atraumatic needle integrally affixed.

### NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
630..WITH EYED NEEDLE.....	28"	00, 0
635..WITH ATTRAUMATIC NEEDLE...	28"	00, 0

### BOILABLE VARIETY

600..WITH EYED NEEDLE.....	28"	00, 0
605..WITH ATTRAUMATIC NEEDLE...	28"	00, 0

Package of 4 tubes \$1.00; per doz. \$3.00

### DISCOUNTS ON QUANTITIES

DAVIS & GECK, INC. • 217 DUFFIELD ST. • BROOKLYN, N. Y.

D & G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

## Obstetrical Sutures

**K**ALMERID 40-day catgut threaded on a large, full-curved eyed needle, or with an Atraumatic needle integrally affixed.

### NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
680..WITH EYED NEEDLE.....	28"	2, 3
685..WITH ATTRAUMATIC NEEDLE..	28"	2, 3

### BOILABLE VARIETY

650..WITH EYED NEEDLE.....	28"	2, 3
655..WITH ATTRAUMATIC NEEDLE..	28"	2, 3
Package of 3 tubes \$1.00; per doz. \$3.60		

## Plastic, Eye, Nerve, and Artery Sutures

**W**ITH Atraumatic needles integrally affixed. Selection of material and size and shape of needles based on consensus of professional opinion in respective fields. Suture length 18 inches. Boilable.

### Plastic Sutures:

1651..3/8-CIRCLE NEEDLE ON 6-O KAL-DERMIC	
1655..1/2-CURVED NEEDLE ON 4-O KAL-DERMIC	
1658..1/2-CURVED NEEDLE ON 4-O BLACK SILK	

### Eye Sutures:

1661..1/2-CIRCLE NEEDLE ON 6-O BLACK SILK	
1665..3/8-CIRCLE NEEDLE ON 4-O BLACK SILK	
1668..3/8-CIRCLE NEEDLE ON 3-O PLAIN CATGUT	

### Nerve Sutures:

1670..STRAIGHT NEEDLE ON 6-O BLACK SILK	
---	--

### Artery Sutures:

1675..STRAIGHT NEEDLE ON 6-O BLACK SILK	
Package of 12 tubes of a kind.....\$3.60	

## Kalmerid Kangaroo Tendons

**G**ERMICIDAL, being impregnated with potassium-mercuric-iodide. Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The Non-Boilable variety is extremely flexible. Tendon lengths vary from 12 to 20 inches.

NO.	NON-BOILABLE VARIETY
370.....	
NO.	BOILABLE VARIETY
380.....	

Sizes: 0 . 2 . 4 . 6 . 8 . 16 . 24

Package of 12 tubes of a kind.....	\$3.00
------------------------------------	--------

### DISCOUNTS ON QUANTITIES

## Unabsorbable Sutures

### BOILABLE

NO.	SUTURE LENGTH	SIZES
350..CELLULOID-LINEN.....	60"	000, 00, 0
360..HORSEHAIR.....	168"	00
390..WHITE SILKWORM GUT..	84"	00, 0, 1
400..BLACK SILKWORM GUT..	84"	00, 0, 1
450..WHITE TWISTED SILK....	60"	000 TO 3
460..BLACK TWISTED SILK....	60"	000, 0, 2
480..WHITE BRAIDED SILK....	60"	00, 0, 2, 4
490..BLACK BRAIDED SILK....	60"	00, 1, 4
Package of 12 tubes of a kind.....\$3.00		

## Short Sutures for Minor Surgery

### NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
702..PLAIN KALMERID CATGUT..	20"	00 TO 3
722..20-DAY KALMERID "	20"	00 TO 3
742..40-DAY KALMERID "	20"	00 TO 3

### BOILABLE VARIETY

802..PLAIN KALMERID CATGUT..	20"	00 TO 3
812..10-DAY KALMERID "	20"	00 TO 3
822..20-DAY KALMERID "	20"	00 TO 3
842..40-DAY KALMERID "	20"	00 TO 3
862..HORSEHAIR .....	56"	000
872..WHITE SILKWORM GUT...	28"	0
882..WHITE TWISTED SILK.....	20"	000, 0, 2
892..UMBILICAL TAPE.....	24"	1/8" WIDE

Package of 12 tubes of a kind.....	\$1.50
------------------------------------	--------

## Emergency Sutures

**T**HREADED on half-curved eyed needles with cutting edges for skin, muscle, or tendon. Boilable.

NO.	SUTURE LENGTH	SIZES
904..PLAIN KALMERID CATGUT..	20"	00 TO 3
914..10-DAY KALMERID "	20"	00 TO 3
924..20-DAY KALMERID "	20"	00 TO 3
964..HORSEHAIR.....	56"	000
974..WHITE SILKWORM GUT...	28"	0
984..WHITE TWISTED SILK.....	20"	000, 0, 2

In packages of 12 tubes of a kind

### Emergency Kit Assortment:

900..ASSORTED—CATGUT, SILK, HORSEHAIR, AND KAL-DERMIC SKIN SUTURES	
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Package of 12 tubes.....	\$2.40
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## *"Salpingo-Oophorectomy with Appendectomy"*

for a large twisted teratoma of the right ovary the size of a full term pregnant uterus—with chronic appendicitis. The gross and microscopic pathology reveals cysts and solid tumors containing skin, connective tissue, hair, cartilage, and bone.

1 REEL 10 MINUTES



## *"Orchidopexy with Hernioplasty and Varicocelectomy"*

in a man having three coincident conditions; a right undescended testicle, a hernia and a left varicocele. The anatomical relation of cord, sac, deep epigastric vessels and Poupart's ligament are clearly shown.

2 REELS 15 MINUTES



## *"Posterior Colporrhaphy"*

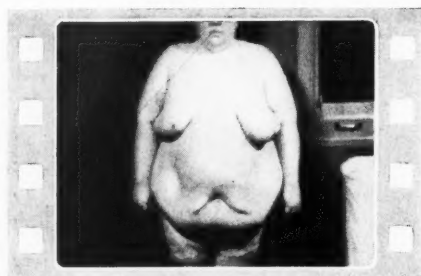
for third degree laceration accompanied by incontinence of 21 years duration. The reconstruction of the perineum including the sphincter ani and the levator ani is presented in detail.

1 REEL 10 MINUTES

## *"Hernioplasty for Strangulated Ventral Hernia"*

in a woman weighing 450 pounds, with lipectomy removing 35 pounds of fat through the abdominal incision one yard long, one foot wide and six inches deep.

1 REEL 10 MINUTES



*These unusual and interesting films (in the 16mm width) have been added to the D&G Film Library and are now available for bookings, without charge, to Medical Schools, Hospitals, and Professional Organizations.*

DAVIS & GECK, INC. ♡ 217 DUFFIELD ST. ♡ BROOKLYN, N.Y.







## Toronto Hospital for Consumptives Provides Facilities for Surgical Treatment

(Continued from page 16)

ister of Health for the Province; Hon. George S. Henry, Prime Minister of the Province, and others who have given excellent co-operation.

The chairman of the Building Committee is Mr. E. L. Ruddy, and he worked very energetically with the details of plans, tenders, equipment, etc., because he feels that the work is of vital importance and that it is essential that there should be no delay in providing such needed accommodation in spite of general business conditions.

This hospital has been somewhat of a pioneer in its activities. It was the first hospital set aside for advanced cases, it was the first hospital to provide a building exclusively for children, it was the first hospital to establish a school, and it has now for more than a year been carrying on this new work for surgical cases.

The Architect for this new building was Mr. Raymond Collinge, who worked in collaboration with Sproat & Rolph. The general contractors were the Jackson Lewis Company, Toronto. At the time of writing, October 3rd, the top floor of the Surgical Building had been completed and a number of patients were removed there from one of the other buildings.

When this new building is completely equipped the Toronto Hospital for Consumptives at Weston will have a total of 565 beds. It will be then, as it is now, the largest hospital for the treatment of tuberculosis in Canada.

Dr. W. J. Dobbie is the Physician-in-Chief of this well organized institution.

## Book Reviews

"THE HUMAN BODY AND ITS FUNCTIONS," by C. H. Best, M.A., M.D., University of Toronto, and N. B. Taylor, M.D., University of Toronto. Published by W. J. Gage & Company, Limited, Toronto. Price \$3.50.

This is a text book of Physiology based upon a course of lectures in elementary Physiology given to Public Health Nurses, Hospital Instructors and Undergraduates in Household Science, Physiotherapy and Occupational Therapy at the University of Toronto. Though primarily planned for these classes, it is also suitable for undergraduate nurses, and students in Medicine and Dentistry. It will serve as a framework upon which the more detailed physiological structure can later be built.

Such chapter headings as the Action of the Heart, Ventilation, Metabolism, Nutrition, Functions of the Nervous System, the Thyroid Gland, etc., are an indication of the wide range of subjects covered. The book throughout is written in an easily understandable style and is illustrated with a profusion of explanatory sketches, many of which are colored.

This work will fill in a special need in the hospital, practically all of whose personnel will find much to interest and benefit them in their own specialized work.

Please refer to THE CANADIAN HOSPITAL when writing



## The Sterilized Curled Hair Mattress

The supremacy of Curled Hair over every other mattress or upholstering filler is apparent from the first moment of investigation. Delicately yielding to the body's shape, full of gentle resiliency, it is impossible for Curled Hair to develop a "sat-on" appearance. Those millions of tiny natural springs will come back gently, all the way, millions of times.

Do not associate high cost with this conceded excellence, but write us for samples and prices of our Hospital Grades in white, black or natural grey.

## Sterilized Curled Hair

has no substitute as a mattress filler



MANUFACTURERS

Write us for samples and prices of our Hospital Grades

TORONTO

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MARK OF QUALITY

## FINNELL

### Electric Floor Equipment

Give us your floor capacity, state your floor problem and Finnell specialists (25 years experience) will recommend equipment to efficiently and economically solve maintenance difficulties.

One machine waxes, polishes, scrubs; another scrubs and absorbs the water; yet another electrically melts and dispenses wax, applies and polishes it, etc., etc. Write for circulars.

## Dustbane Products Limited

TORONTO MONTREAL Ottawa VANCOUVER WINNIPEG

## Ontario Hospital Association Holds Largest Meeting in Its History

WITH a registration which represented practically every hospital in Ontario, the 1932 Convention of the Ontario Hospital Association held its largest and most successful meeting in the Royal York Hotel, Toronto, on October 26th, 27th and 28th. Many excellent and instructive addresses, practical and profitable discussions, together with many attractive exhibits, all had their fair share in making this convention the best in the history of the organization.

Registration opened Wednesday morning in the Exhibit Hall, after which the delegates assembled in the Convention Hall for a short address of welcome by Mayor William Stewart of the City of Toronto. The Honorary Secretary-Treasurer, Doctor Fred W. Routley, read the Annual Report of the Association for the past year. In this very comprehensive report, Doctor Routley drew attention to the fact that the institutional memberships had all been renewed for 1932, that there was an actual increase in fees collected, and that many new firms had been induced to exhibit this year—truly a remarkable record in these days of economic stress.

The Hon. Dr. J. M. Robb, Minister of Health in the Province of Ontario, guest speaker at the morning session, said in effect, "The Act in previous years was a conglomeration, but we now have a distinctive Act," and Dr. Robb promised in the near future new regulations will be available. Speaking of the present nursing situation, Dr. Robb showed a sympathetic understanding and pointed out that his Department is not trying to dictate to the hospitals, but is merely laying down certain standards which they must meet or their students will be barred from the R.N. Examinations. He deplored the fact that this year the hospitals of Ontario will turn out some 1,300 nurses, which is the largest number of graduates in history. With a maximum possible absorption of not over 500, due to poor financial conditions, and the fact that the gateway to the south is shut against them, prospects for the graduating nurse are not encouraging.

### *Plea for Retention of Voluntary Health Organizations*

"Up to the time of Queen Elizabeth the State gave no thought to the health of the people," stated Doctor Grant Fleming, Director, Department of Public Health and Preventive Medicine, McGill University, who spoke on "The Place of the Voluntary Health Organization," after the luncheon on the first day of the Convention. Doctor Fleming outlined Public Health work since its inception back in 1600 when public spirited citizens banded themselves into voluntary health agencies to study existing undesirable health conditions, and to stamp out disease brought on in most cases by a high percentage of pauperism. It is interesting to note that the first voluntary health organization in Canada was organized in Montreal in 1875 under the name of the Citizen's Public Health Association, and this was followed by organizations for

combatting tuberculosis and communicable diseases. The hospital is now becoming a voluntary health agency by educating the public to take advantage of diagnostic services and health examinations. Doctor Fleming made an eloquent plea for the retention of the voluntary health organization.

### *Hospital Situation in Ontario*

The chief speaker at the afternoon session, was Mr. Hugh Nickle, Trustee, Kingston General Hospital. In his paper, "The Hospital, the Trustee, the State," he declared that hospitals in thinly populated areas in Ontario, already serviced by larger hospitals, are not being used near capacity, and he estimated that 22 small hospitals in the province could be closed in order to reduce over-hospitalization. This suggestion was made with the object of increasing efficiency. An incomplete report of this opinion which appeared in the daily press was misinterpreted and apparently influenced the Board of Control on the following day to rescind its recent decision to give \$183,000 towards the new building of the Women's College Hospital. In expressing his deep regret over this misunderstanding, Mr. Nickle pointed out that he did not speak for the Ontario Hospital Association, but expressed his personal opinion gathered from the hospital reports prepared by the Government. He was trying to stress that in many cases where bed occupancy was low, patients could be transferred to larger hospitals with no inconvenience. As far as Toronto is concerned the larger hospitals are operating now at 80 per cent capacity, and no hospital in the city is under 70 per cent.

The Round Table Discussion which followed was most ably conducted by Doctor Malcolm T. MacEachern. During the afternoon, many of the questions were discussed with keen interest. A very important medico-legal case was discussed as a result of one of the questions. The Ottawa Civic Hospital was sued for \$25,000 for alleged negligence on the part of its medical staff, but the hospital was exonerated from responsibility inasmuch as it had discharged its duty by exercising care and judgment in the selection of its medical staff. Moreover, the nurse was at the time carrying out the instructions of the doctor. Further, the patient's condition was not caused by negligence on the part of the medical staff.

Three very interesting sectional meetings were held Wednesday night, by the Nurses' Section under the chairmanship of Miss B. Ellis, the Trustees' Section under General C. M. Nelles, and the United Hospital Aids Section with Mrs. O. W. Rhynas in the chair.

### *Better Psychiatric Service Needed*

In his paper, "The Relationship of the General Hospital to Psychiatry," Dr. B. T. McGhie, Director Hospital Services in Ontario, made a plea for better Psychiatric Service in our large general hospitals. With maps,

(Continued on page 21)



Officers of Ontario Hospital Association



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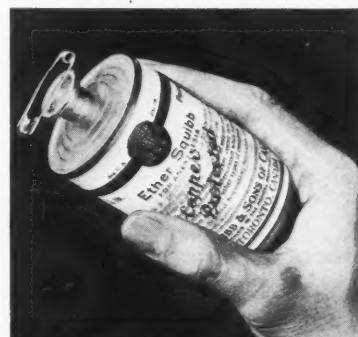
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**Ontario Hospital Association  
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(Continued from page 22)

tables and charts, Dr. McGhie showed the work of his Department in establishing mental clinics in a large number of centres throughout the province. Many of these clinics were located in the general hospitals. He analyzed the home situation of 250 typical boys observed by his Department and pointed out the relationship between psychiatric conditions and delinquency. 21 per cent of cases were attributed to broken homes, 10 per cent to a father who is alcoholic or a mental case, and 11 per cent to poor family environment. In his closing remarks, Dr. McGhie said he hopes that in the future the mentally sick will be able to go to the door of the general hospital and receive the same treatment that the physically sick get at the present time.

The other speaker during the morning session was to have been Rev. Alphonse M. Schwitalla, President, Catholic Hospital Association of United States and Canada, but owing to the opening of his college, he arranged that his place on the programme be taken by the Rev. Maurice Griffin of Cleveland, Trustee of the American Hospital Association, Vice-President of the Catholic Hospital Association, and Director of the Ohio Conference of the Catholic Hospital Association. Father Griffin gave a most eloquent address on the work of the Catholic Hospital Association and the co-operation which the 700 sister's hospitals give to other hospital organizations. He made a plea that hospitals now, more than ever before, must maintain their standards of service by unselfish devotion to duty.

The convention suffered a great loss in the unavoidable absence of Dr. J. G. Fitzgerald, Dean of Medicine, University of Toronto, who was to have spoken on "Health Work of the League of Nations." Dr. Fitzgerald was just returning from Geneva, but unfortunately his boat only arrived in Montreal the morning of the meeting and he could not make connections for Toronto.

This opportunity was taken to go on with the Round Table Discussion, which had not been completed the previous day.

**Many Unable to Receive Graduate Nursing  
Service When They Most Need It**

The second afternoon was devoted to the consideration of the report of the Joint Study Committee on the Survey of Nursing Education in Canada. This discussion, which was attended by the largest gathering in the history of the Association, consisted of four very instructive papers, which offered a real contribution to this study. Dr. G. Stewart Cameron of Peterborough, chairman of Joint Study Committee, treated his paper from the angle of "The Survey as a Whole." Dr. Cameron did not believe the Survey could become operative over night, but was of the opinion that this report should form the basis upon which a programme of improvement in education of nurses would come about gradually in 8 or 10 years, or could be modified to suit the changing conditions as time goes on. To-day the field of nursing has

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increased tremendously and bedside nursing is only one part of her work. The public health field, institutional work, instructing in hospitals—these are but a few of the responsibilities, and the educational standard should be higher in order to attract a nurse of the best type. To bring nursing service to the 60% of the sick public who are without it, Dr. Weir recommended that there should be appointed in each province a board composed of nurses, representatives from the medical profession, the laity, hospital associations and provincial departments of health, which could act as a registry.

"40% of private duty nurses are continuously unemployed," stated Miss Jean Brown of Toronto, in her paper on "The Distribution of Nursing Services." Since 50% of the population of this country lives on an annual income of \$2,000 a year or less, Miss Brown suggested group nursing as a solution. In four of the provinces, commissions have been appointed to study health insurance.

Miss Muriel McKee, superintendent of the Brantford General Hospital, spoke on the nursing question "From the View Point of the Hospital Administrator," and dwelt upon the factors to be considered in choosing either graduate or undergraduate service. Quoting statistics from the Survey, Miss McKee was of the opinion that many hospitals might adopt graduate service without additional expense, but with greater efficiency, and such a procedure would be of considerable assistance in combating the present unemployment of nurses.

Dr. George S. Young of Toronto, in his paper "As the Physician Sees the Situation," expressed very clearly the opinion of the physician. Doctor Young deplored the use of the practical nurse in acute illness, and believed her experience and ability should be known before a patient is entrusted to her care. In many cases environment of the home is not suitable for the patient or nurse, and yet economic factors stand in the way of employing a private nurse. In this case group nursing plays an important part, as it solves the problem of efficiency at small cost.

Immediately after the Symposium a discussion was opened by Miss Florence Emory, President of the Canadian Nurses' Association. Her views were the views of the Association she represented, and she suggested giving serious thought to the reduction of pupil nurses and an increase of graduates in the hospital.

The chairman, Doctor Harvey Agnew, Secretary Department of Hospital Service of the Canadian Medical Association, urged the hospitals to make a more detailed and more accurate analysis of nursing costs, as one reason why the available statistics differ so widely in their conclusions is that so much of the data upon which these conclusions are based is incomplete and inaccurate.

The remainder of the afternoon was spent in a general discussion of hospital nursing.

### *Prime Minister of Ontario Speaks at Banquet*

The Annual Banquet of the Association took place in the Ballroom of the Royal York, and this was followed

*(Continued on next page)*

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MONTREAL

## Ontario Hospital Association Holds Largest Meeting

*(Continued from preceding page)*

by a dance at which the delegates and their friends were the guests of the City of Toronto. Both events were well attended and great praise is due Miss Dorothy Dart, the efficient assistant secretary of the Association, for the success of these two functions.

The speaker for the evening was the Hon. G. S. Henry, Prime Minister of Ontario who, commenting on the Ross report said, "We almost feel like calling it a Utopian Report, because owing to present conditions it is not possible to undertake the whole programme forthwith." However, he assured us it is the goal of the Government, and they will strive as earnestly as finances will allow to carry it out. The Hon. Mr. Henry said we should feel proud of the success which has crowned our efforts and the progress we have made despite the trying conditions through which we are passing. Owing to continued unemployment and malnutrition there is the danger of disease gaining inroads and sapping the constitutions of those who are not capable of putting forth resistance, and Mr. Henry reminded the hospitals that this would add to their burden. As Premier, he said he was glad to be present and to hear our problems, and asked for the co-operation of hospitals, particularly during these trying times. The Premier expressed confidence that we will get through this depression to enjoy the sunshine of prosperity in the near future.

Doctor George F. Stephens of Winnipeg, the President of the American Hospital Association, conveyed the greetings of that Association to the Convention. In commenting on the three great problems of the hospitals of to-day, Doctor Stephens said: "We have three guides to help us solve our three major problems": the Ross Report would solve the financial problem; the Report of the Ontario Medical Association, the Inter-Relations Committee on "Hospital Practice and the Medical Profession" should go a long way to gain the co-operation of the medical profession, and the nursing situation is admirably handled by the Weir Report.

Mr. F. D. Reville of Brantford, the editor of the Brantford Expositor, in his presidential address, said the past year had been a very trying one for the Association, but the work has been carried on with undiminished ardour, due to the splendid co-operation which attended his efforts. Mr. Reville closed his address with a very touching reference to the sudden death of Colonel H. R. Casgrain of Windsor last July. Had he lived he would have been our president this year, and those who knew him well are left to mourn his great loss to the hospital world.

A most unique ceremony was inaugurated at this banquet, when medals were presented to the two former presidents, Mr. R. H. Cameron and Dr. John Ferguson, and to the retiring president, Mr. F. D. Reville. These were beautiful gold medals bearing the recently designed crest of the Association, a shield quartered, and charged with four symbols: maple leaves representing Canada, a cross for the hospitals, the "Caduceus," representing the medical profession, and the "Lamp" associated with

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Florence Nightingale, which represents the nursing profession. Over the crest is the name of the Association and below is the motto—"Miseris Succurrere Discimus," which translated reads, "We study to aid the suffering." The medals were presented by the Honorary Secretary-Treasurer, Dr. Fred Routley, after which a few acknowledgments were made by the recipients.

Friday, the last day of the Convention, opened with a business meeting at which reports of the various committees were read. These were followed by an excellent paper on "Hospital Practice and the Medical Profession," by Doctor Neal of Peterboro, chairman of the Inter-Relations Committee of the Ontario Medical Association, after which the meeting was thrown open to discussion. Doctor Neal believed the hospital should be a centre of education for the whole district through their diagnostic services. By utilizing the hospital for country meetings, etc., it would have a great influence in making the hospital a better place in the future. Doctor MacEachern, in opening the discussion, said that the root of most of the trouble which was referred to his office, is due to a lack of understanding between the medical staff and board of trustees and superintendent. Doctor MacEachern congratulated Doctor Neal's committee upon the excellence of its report on Medical Relations (Bulletin No. 2 of the Canadian Hospital Council).

The afternoon session consisted of a Symposium on Convalescent Care at which six papers were presented. Doctor Olive Cameron of Toronto read her paper on the "Medical Aspects of Convalescent Care." She went into the subject thoroughly. Since the sick require intelligent convalescent care, Doctor Cameron stressed that sympathetic understanding which is necessary to promote perfect health mentally and physically.

In commenting on "The Important Factors in Convalescent Care" Doctor Harvey Agnew said, "It is fitting that we should devote the entire afternoon to this study of convalescent care for more than occasional sporadic efforts should be provided." Doctor Agnew said very little has been done in this country except in a few large cities. The support of convalescent care may of necessity be by private individuals or hospitals, but the ultimate maintenance should be a public responsibility. This is a unique opportunity for some philanthropic citizen to be of assistance to his fellows in making this care possible, was pointed out. The necessity of planning for more than three meals and a roof was emphasized. Proper convalescent care should include adequate nursing service, medical supervision, dietary care, dressings, and in larger institutions, physiotherapy, recreational direction and perhaps occupational therapy. This would cost at least \$1.50 to \$1.75 per patient per diem.

Miss Laura Gamble, R.N., Toronto, chairman of the Study Committee on Convalescent Care, spoke on "Convalescent Study Survey in Toronto," and mentioned that this Survey had been financed by the Hillcrest Convalescent Home and was conducted with the co-operation of the various general hospitals and social organizations. It was found that 34 per cent of the patients in general hospitals could have been taken care of elsewhere; 16 per cent of the patients should have been in convalescent

(Continued on page 31)

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## News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,  
and Personal News of Hospital Workers*

AMHERST, N.S.—With several hundred people in attendance from all parts of Cumberland County the new County Home at Pugwash was officially opened by Hon. Dr. George Murphy, Halifax, Minister of Public Health for Nova Scotia, on September 28th. The building was inspected by a large number of people, who were shown through by the superintendent, Frank Smith, and Mrs. Smith and members of the Building Committee. The Home has accommodation for 200 beds, and is equipped with all the essentials for a modern institution of this kind. The cost of the building was \$71,000.

\* \* \*

BROCKVILLE, ONT.—The official opening of the new nurses' home at the Ontario Hospital, Brockville, took place on Friday, October 14th.

\* \* \*

CALEDONIA, N.S.—An account has been received of the presentation of diplomas to graduates of Sims-Arlington Hospital at Arlington, Mass., when Miss Irma Frayle, of this place, was given her diploma and a special cash prize

in consideration of having made 100 per cent. in materia medica, being the first student in the history of the institution to have made such a record.

\* \* \*

CHARLOTTETOWN, P.E.I.—Miss Helen E. Howatt, assistant superintendent and operating room supervisor of the Prince Edward Island Hospital, severed her connections with that institution at the end of September. Previous to her departure the medical staff presented her with an address and a purse of gold.

\* \* \*

FORT VERMILLION, ALTA.—Only valiant efforts on the part of scores of rescue workers, directed by hospital sisters, averted a tragedy here on October 7th, when flames of unknown origin swept through St. Henry's Convent and the St. Therese Hospital. Bed-ridden patients were carried to safety by the workers, and although there were countless narrow escapes in the blazing institution, not a single life was lost, nor did any suffer serious injuries.

\* \* \*

KAMLOOPS, B.C.—Dr. Gordon F. Kincade, late of the intern staff of the St. John, N.B. General Hospital and a graduate of McGill University in 1931, has been appointed to the staff of the Tranquille Sanatorium. The Tranquille Sanatorium is one of Canada's leading tuberculosis institutions and serves a wide area on the Pacific Coast and Middle West, both Canadian and American.

\* \* \*

KINCARDINE, ONT.—With the closing of the training schools in smaller hospitals, the final graduation exercises of Kincardine General Hospital training school were held on October 7th in the old Town Hall, with over 500 witnessing the exercises.

\* \* \*

MONCTON, N.B.—Miss A. J. MacMaster, superintendent of the Moncton City Hospital, was re-elected president of the New Brunswick Registered Nurses' Association at the concluding session of the annual meeting in City Hall on September 28th.

\* \* \*

NEW WESTMINSTER, B.C.—The formal opening of the new nursery of the Royal Columbian Hospital was held on Friday, September 30th, in connection with the annual gift day of the hospital. The cost of remodelling and re-furnishing the ward was borne by the Girls' Auxiliary of the hospital. The walls are buff colour with blue border, and have white wooden carved figures, in relief, of bunnies and ducks. The nursery is bright and airy and has accommodation for 24 babies.

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ORILLIA, ONT.—The fine new solarium at the Soldiers' Memorial Hospital was formally opened on Wednesday afternoon, September 14th. The ceremony was performed by Dr. S. J. W. Horne, superintendent of the Ontario Hospital at Orillia.

\* \* \*

OSHAWA, ONT.—A new maids' dormitory will be constructed as a second addition to the laundry building of the Oshawa Hospital. The building will cost \$4,000 and construction was commenced in October. The present quarters used by the maids will be refitted as an outdoor clinic.

\* \* \*

QUEBEC, P.Q.—The new nurses' residence of the Jeffery Hales' Hospital was opened under happy circumstances on October 6th, with the holding of the graduation exercises of the 1932 class of the School of Nursing. The building is of fireproof construction and is three storeys in height. This splendid addition to Jeffrey Hale's Hospital facilities will be described more fully in a later issue of The Canadian Hospital.

\* \* \*

QUEBEC, P.Q.—Hospitals of Quebec have benefitted to the extent of \$300,766 from the five per cent. hospital tax on all meals costing 35 cents or more, it was made known by a Quebec revenue official. This sum is the total amount collected throughout the Province since imposition of the tax last April.

\* \* \*

REGINA, SASK.—Dr. R. G. Ferguson, the administrative head of the Saskatchewan Anti-Tuberculosis League, and Mrs. Ferguson, were slightly injured in a motor car accident near Belle Plaine, Sask., during the latter part of September.

\* \* \*

REVELSTOKE, B.C.—Mr. J. H. Armstrong was again elected president of the Revelstoke Hospital Society when the annual meeting was held in September. Mr. J. Carmichael was elected vice-president, and Mr. D. J. McDonald, secretary-treasurer.

\* \* \*

ST. JOHN, N.B.—Frank T. Belyea has been appointed chief engineer of the St. John General Hospital, it has been announced by Dr. S. R. D. Hewitt, superintendent of that institution. The duties of Mr. Belyea include the supervision of the maintenance of the plant of the hospital and he has under him two engineers, three firemen, an electrician, painter and a carpenter.

\* \* \*

ST. THOMAS, ONT.—Miss Aubra Cleaver is the new superintendent of the Galt Hospital, succeeding Miss Jamieson, resigned. A new system of operating the hospital with a staff of 20 graduate nurses only was inaugurated in October, the institution entering upon a new era, which it is believed will contribute still more effectively to the efficiency of the hospital in ministering to the needs of the public.

\* \* \*

TORONTO, ONT.—Commissioner Hay, of the Salvation Army, has announced from Toronto that Major Hilda

Aldridge has been appointed as the superintendent of the Grace Hospital in Winnipeg to replace Major G. Hollande, who was released from the position owing to ill health. The new superintendent is a Winnipeg girl, having entered the army service at Grace Hospital as a young officer in 1911. Major Aldridge has been many years in Eastern Canada in charge of the Grace Hospitals at Halifax, Ottawa, and at present is stationed at the Windsor Grace Hospital, which is a general hospital and the largest army hospital in the Dominion.

\* \* \*

VANCOUVER, B.C.—Appointment of a qualified medical doctor as admitting officer at the out-door department of the Vancouver General Hospital was authorized by the board of directors of the institution at a recent meeting. Considerable saving could be effected in the operation of the department, declared Dr. A. K. Haywood, general superintendent, who stated that much unnecessary X-Ray,

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physiotherapy and pharmacy work would be avoided if a permanent official were on hand to supervise.

\* \* \*

VANCOUVER, B.C.—Resigning after 15 years' service on the board of the General Hospital, Mr. Harry T. Devine, well known Vancouver real estate man, was guest of honor at a dinner by other directors recently. He was a member of the board from 1913 to 1923, and from 1927 until the present.

\* \* \*

VICTORIA, B.C.—An interested audience of ticket-holders and others attended the drawing for the Jubilee Hospital tombola prizes which was held in the Nurses' Home in September. About 1,400 tickets were sold, and the major prize of the one hundred awarded, was a house and lot.

\* \* \*

WINNIPEG, MAN.—A dosimeter used in the treatment of cancer was presented to the St. Boniface Hospital at a recent meeting of the Kiwanis Club in the Royal Alexandra Hotel. The equipment, costing \$2,300, was contributed by the Winnipeg and St. Boniface Kiwanis Clubs, the Rotary Club and a Winnipeg widow whose husband was a victim of cancer.

\* \* \*

WINNIPEG, MAN.—Owing to continued ill health, Major Geraldine Hollande, who for the past few months has been in charge of Grace Hospital for the Salvation Army, has asked to be relieved from duty for a time, and will shortly leave for Toronto, on furlough. Before coming to Winnipeg Major Hollande was in charge of the Salvation Army Hospital in Toronto.

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BELLEVILLE, ONT.

### Miss Ethel Johns Editor of Canadian Nurse

Miss Ethel Johns has been appointed editor and business manager of The Canadian Nurse, organ of the Canadian Nurses' Association, and will enter upon her new duties as of January 1st, 1933.

Miss Johns has had a distinguished career. A graduate of the Winnipeg General Hospital, she has held a Rockefeller Foundation scholarship under which she studied nursing conditions, particularly in the field of public health nursing, in Central Europe and the Balkan countries. As the director of studies of the committee on nursing organization of the New York City Hospital, she has recently organized a programme of nursing service for the New York City Hospital-Cornell University Medical Centre. Miss Johns was one of the principal speakers at the 1931 annual meeting of the Association of Registered Nurses of the Province of Quebec held in this city.

### Nurses Planning for 1934 Biennial Meeting

At an interesting meeting of the Toronto General Hospital Alumnae, Miss Jean Gunn remarked that already hotel accommodation had been secured for the biennial meeting of the Canadian Nurses' Association, which will not be held until the summer of 1934. This eagerly anticipated gathering—still two years off—will mark the 25th anniversary of the C.N.A. and will be an event of unusual interest.

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## Ontario Hospital Association Holds Largest Meeting

(Continued from page 27)

homes. Miss Gamble stated that the chronic patient must be considered with the convalescent patient.

The representatives from Montreal spoke on what has been done in intelligent convalescent care in that city and district. Miss Sara P. Tansey, superintendent, Montreal Convalescent Home, described the growth of their institution, which started in a very small way by giving after-care to the sick poor, homeless and discouraged. Simple diet, certain therapeutics, encouragement and cheerful words help along the progress of the patient. There are 2, 4 and 8 bed wards which are found to be more satisfactory, she found, than the individual room advocated by Doctor Brush.

The next paper was read by Miss May Stewart, President, Montreal Convalescent Home Association, who has been interested in this work since 1914. Miss Stewart said, "The general hospital is the wrong place for convalescence—the up-patients need changed atmosphere, freedom and peaceful leisure to make constructive plans for their future. The hospital needs its beds for acute cases so the patient, hospital and community are all satisfactorily served by a convalescent home.

The last speaker in the afternoon session was Doctor J. E. MacDonald, surgeon to the Sick Children's Hospital, Toronto, who gave a very interesting paper on "Convalescent Care for Children." Doctor MacDonald described the successful work accomplished in their Thistletown Hospital and showed how it relieved congestion in the large city hospital. As soon as possible, patients are moved to the convalescent branch and health restored very quickly, with the aid of physiotherapy, occupational therapy, a fine library, daily lessons, boy scout movement and adequate radio equipment.

### Officers Elected

Officers for the ensuing year were elected as follows: President, R. Fraser Armstrong, Kingston; 1st Vice-President, General C. M. Nelles, Niagara-on-the-Lake; Hon. Sec.-Treas., Dr. Fred W. Routley, Toronto; Assistant Secretary, Miss Dorothy Dart, Toronto.

### Exhibits

The Exhibit Hall was a very active centre during the Convention and many fine exhibits were on display. The registration desk and lounge were placed on the far side of the Exhibit Hall and this, together with the fact that the only entrance to the meeting hall was through the Exhibit Hall, centred a great deal of interest on the exhibits. The repeated requests of the officers of the Association that the delegates and visitors inspect the exhibits as frequently as possible was of material assistance in making the Convention a success from the viewpoint of the exhibitors. A number of interesting educational exhibits were observed, also, particularly that of the Occupational Therapy Association, whose Convention was held in conjunction with that of the Hospital Association.

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## Hospital Aid News

### The Sarnia Convention

A very successful annual meeting was held at Sarnia on October 5th and 6th when delegates representing a large number of aids within the Ontario affiliation were represented.

It was one of the most enthusiastic and inspirational annual meetings ever held by the association. One of the outstanding events during the Convention was the bestowal of a life membership certificate—the President, Mrs. O. W. Rhynas, being the recipient. This honour is conferred only for outstanding service and cannot be bought with gold. Mrs. Thomas Ballantyne of Stratford, one of the chartered members of the association, in asking Mrs. Rhynas to accept the honour, said: "It is the feeling of every delegate assembled here that as great an honour as this gift is, the highest in the keeping of the association, it is entirely inadequate to express what all feel regarding the service Mrs. Rhynas has rendered this society. It has been through her graceful, generous, and peculiarly efficient capabilities that has brought this association to the high plane it now enjoys; the evidence of which is so truly manifested during this entire Convention."

Miss Mary Collier, on behalf of the officers, supported Mrs. Ballantyne's honorary expression to Mrs. Rhynas. Mrs. Stuart Watt, convener of the Advisory Committee, also presented Mrs. Rhynas with a token of love and loyalty in the name of the Advisory Committee. Mrs. Rhynas not only possesses the rare charm of graceful speech but is also a gifted writer and has spent this talent lavishly in the service of the Hospital Aids.

Two very eloquent addresses were given during the Convention when Doctor Helen MacMurchy, Chief of Division of Child Welfare, Ottawa, Department of National Health, gave a forceful and intimate talk on Maternal Welfare. It was felt that a message such as this, dealt with in a manner as only Dr. MacMurchy is truly capable, should be sent upon wings to the ears of every expectant mother, and those interested in pre and post-natal clinics.

During her closing remarks, Dr. MacMurchy said: "If mothers received more care before, during, and after birth, maternal mortality would eventually be eliminated." We feel this a challenge and clarion call to the women of our land.

Hon. W. S. Martin, Minister of Public Welfare, addressed a large gathering during the banquet on the evening of the first day. The various phases of welfare work were outlined by the Minister, who said during his remarks: "The Women's Hospital Aids Association represented a mighty force—organized to meet humanity's needs with a spirit of service and joy," and that the public was proud and recognized the activities of the Hospital Aids.

He said that the chief glories in Canada are not the snow capped mountains of the Rockies and the fertile prairies and valleys, but the temple of humanity—being

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built within her walls and women had reached the highest pinnacle in this service.

Miss M. L. Smith, a representative of the Society of Occupational Therapy of Ontario, gave a demonstration and talk on Occupational Therapy. Miss Smith said that this work did not teach trades but tried to increase the ability of the patient to readjust and reconstruct — on return to the occupational world.

The neurological wards in hospitals was a field for occupational therapy—every Ontario mental hospital had a department of this work. The hospital aids are greatly interested in this phase of curative work, and finance several aid workers in hospitals.

Mr. F. D. Reville, President of the Ontario Hospital Association, brought greetings from that association and gave also interesting reminiscence of early hospital days.

During the Convention tribute was paid to the memory of Edith L. Groves—outstanding in the world of handicapped children; and Mrs. Manson Campbell, Chatham, who formed the Chatham Assisting Society in 1888 and had been an active member until her passing during this month.

Mrs. George Glianni, of Toronto, President of St. Michael's Hospital Aid, expressed in a graceful manner a response on behalf of the delegates to the welcome extended by Mrs. G. Burwell, President of the Sarnia Aid.

Mrs. Glianni was elected a member of the Advisory Committee for this year.

It was decided to hold the next annual Convention in Toronto during the annual convention of the Ontario Hospital Association and give the delegates the advantages of enjoying the exhibits and addresses given at that time.

During the year an inspirational campaign will be conducted throughout the affiliated membership, when the President will address the various aids, the aids being asked to have rural and local women attending a meeting in the vicinity, called for the purpose. It is felt that this will awaken a new Hospital Aid consciousness and interest.

#### **Mrs. O. W. Rhynas is Elected President**

The newly elected officers are as follows: President, Mrs. Oliver W. Rhynas, Burlington, Ontario; Recording Secretary, Mrs. Frederick C. Bodley, 55 Cline Avenue, Hamilton, Ontario; Corresponding Secretary, Miss Mary Colter, 94 Nelson St., Brantford, Ontario; Treasurer, Mrs. G. W. Houston, 902 King St. East, Hamilton, Ontario; Advisory Committee—Convener, Mrs. Stuart Watt, 31 Thomas St., St. Catharines, Ontario; Miss Agnes Clinie, Hamilton; Mrs. G. W. Wood, St. Catharines; Mrs. J. A. McLean, Chatham; Miss Grace Wright, Mount Forest; Mrs. George Glianni, Toronto; Executive—Presidents of Affiliated Aids.

The President, Mrs. Rhynas, was made the official representative to the Ontario Hospital Association.

A delightful tea was given at the Sarnia Hospital during the Sessions, when Miss Lee, Superintendent, and Miss Paterson were hostesses, the staff assisting in receiving the guests and serving.

The Congress of the International Council of Nurses is to be held in Paris and Brussels in July, 1933.

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## Canadian Registrations at Detroit Convention

### MANITOBA

#### BRANDON

Rice, Jessie, Hospital for Mental Diseases.

#### WINNIPEG

Stephens, George F., M.D., Winnipeg General Hospital.

Williams, Gerald, M.D., Children's Hospital.

### NEW BRUNSWICK

#### ST. JOHN

Belding, Lyla C., St. John General Hospital.

Hewitt, S. R. D., M.D., St. John General Hospital.

Murdoch, Margaret, St. John General Hospital.

### NOVA SCOTIA

#### HALIFAX

Acker, T. B., M.D.

#### BRANTFORD

### ONTARIO

Marshall, Isobel W., Brantford General Hospital.

McKee, E. M., Brantford General Hospital.

#### BROCKVILLE

Myers, Gertrude, Brockville General Hospital.

#### BURLINGTON

Rhynas, Mrs. Margaret, Ontario United Hospital Aids Association.

#### CHATHAM

Baird, Lila M., Public General Hospital.

Campbell, Priscilla, Public General Hospital.

Consolata, Sister M., St. Joseph's Hospital.

Fair, Winnifred, Public General Hospital.

Mary, Sister, St. Joseph's Hospital.

McKerracher, Grace, Public General Hospital.

Mummery, Ellida, Public General Hospital.

Orr, Edna, Public General Hospital.

Raphael, Sister M., St. Joseph's Hospital.

St. Stephen, Sister M., St. Joseph's Hospital.

Scott, Edward W., Public General Hospital.

Simpson, Hazel, Public General Hospital.

#### CORNWALL

Brown, E. Blanche, Cornwall General Hospital.

Tucker, Laura M., Cornwall General Hospital.

#### HAMILTON

Johnstone, Lillian, Hamilton General Hospital.

#### KINGSTON

Armstrong, R. Fraser, Kingston General Hospital.

#### LONDON, from St. Joseph's Hospital

Bernice, Sister M.; Fabian, Sister M.; Joseph, Sister M.; Leonare, Sister M.; Mercedes, Sister; Pascal, Mother M.; Petronilla, Sister; Rose Mary, Sister; St. Elizabeth, Sister; Thecla, Sister; Theodore, Sister M.; Theophane, Sister.

McGuffin, A. J., Victoria Hospital.

#### OTTAWA

Robertson, D. M., M.D., Ottawa Civic Hospital.

#### SARNIA

Lee, M. A., Sarnia General Hospital.

#### TORONTO

Agnew, G. Harvey, M.D., Canadian Medical Association.

Alphonsus, Sister M., Mercy Hospital for Incurables.

Celestia, Sister M., Mercy Hospital for Incurables.

Dart, Dorothy, Ontario Hospital Association.

Haynes, H. G., Robert Simpson Co., Ltd.

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Hornall, J., Toronto Western Hospital.

Howland, Goldwin W., M.D., University of Toronto.

Mathison, Kate, Riverdale Isolation Hospital.

McLachlan, Effie A., Toronto General Hospital.

Routley, F. W., M.D., Ontario Hospital Association.

Rowland, Henry A., Riverdale Isolation Hospital.

Smith, Arthur W., Riverdale Isolation Hospital.

Thompkins, Mrs. T.

#### WALKERVILLE

La Rose, Caroline, Metropolitan General Hospital.

#### WALLACEBURG

Burgess, H. E. Rose, Dietitian.

#### WINDSOR

Adams, Fred, M.D., Murray Building.

Antaya, Sister, Hotel Dieu Hospital.

Findlay, Wilhelmina, Hotel Dieu Hospital.

Maitre, Sister C., Hotel Dieu Hospital.

McKinley, Frances K., 219 Detroit.

Prieur, Sister, Hotel Dieu Hospital.

### QUEBEC

#### MONTREAL

De Belle, J. E., M.D., Royal Victoria Hospital.

MacKenzie, John C., M.D., Montreal General Hospital.

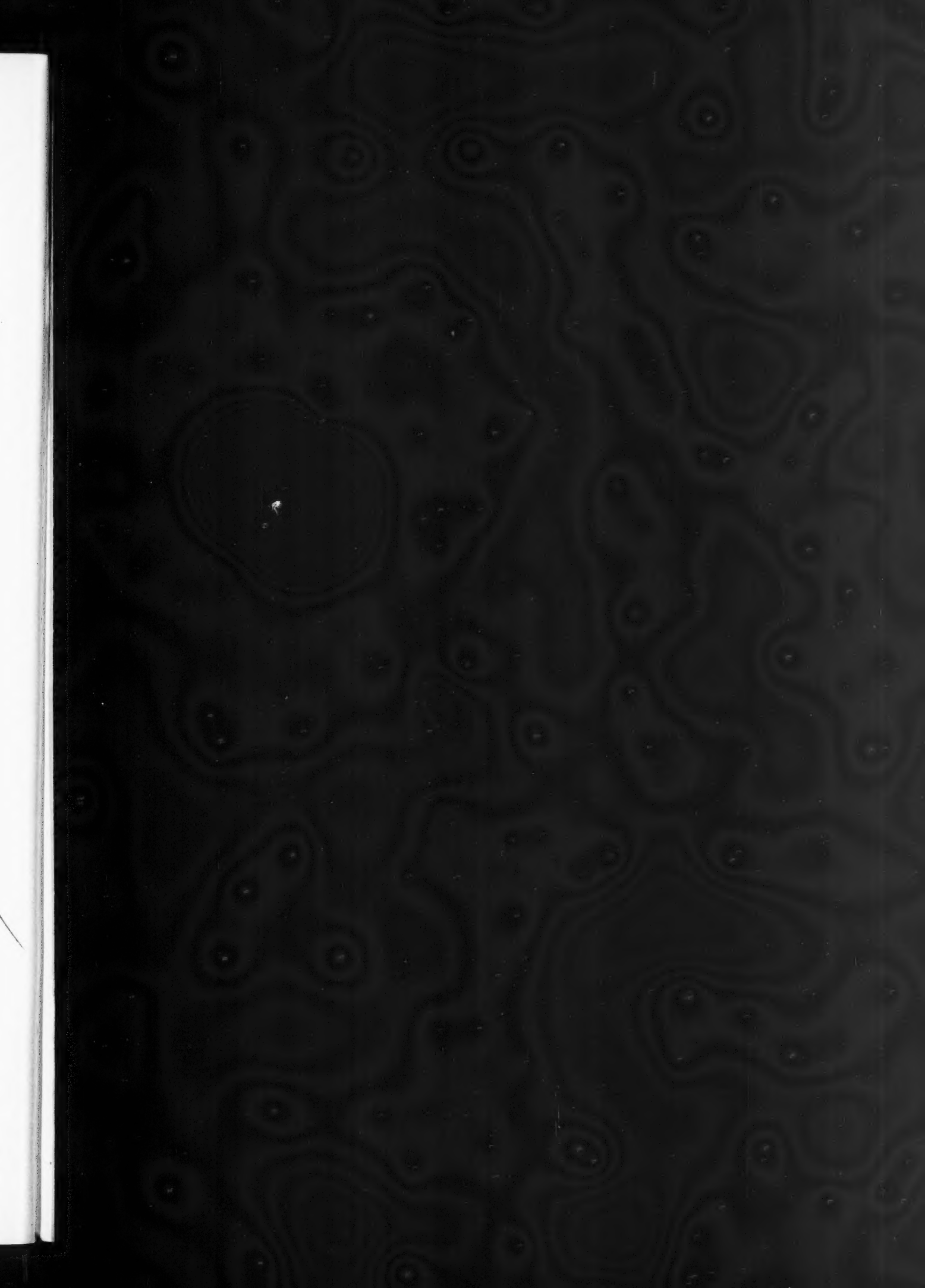
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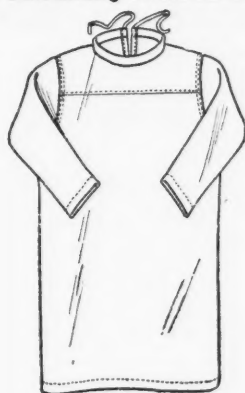
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56	Bleached Marble Head	11.00

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